

# UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE  
Department of Microbiology  
and Immunology

SAN FRANCISCO, CALIFORNIA 94143

November 11, 1985

To: Members of the Human Retrovirus Subcommittee

From: Harold Varmus, Chairman, Retrovirus Study Group *HV*

This brief memo is intended to bring you up-to-date on the status of our collective efforts to settle upon an appropriate name for the retrovirus believed to be the cause of AIDS.

(1) The Clinical Response. I have by now received over forty letters from physicians who were solicited for opinions about the naming of the AIDS virus. As you will recall from the copy of my letter to these clinicians, the primary objective was to determine whether there was widespread opposition to the use of the term AIDS in the name for the virus. Respondants were divided into two groups of about equal size over this issue, but the numbers and conviction of the negative group were certainly sufficiently substantial to make me feel that we should avoid the term. I found several items of interest in the responses. In general, physicians in the West, particularly in the Bay Area (even when not affiliated with UC), were prone to opt for a name that included "AIDS", perhaps reflecting a difference in the social climate. All but one respondent wrote at some length, most of them revealing considerable concern about the resolution of the nomenclature issue and commendable sophistication about the problems involved. Many of them suggested specific names, including quite a few that have surfaced in our own deliberations. There were a few who either strongly favored or strongly opposed names currently in circulation, but the sampling size was certainly too small to make these returns significant for us. (Since it would be a major copying chore to send all these letters to each of you, I have taken the liberty of summarizing their content; but I would be happy to send all or a sampling to any one who requests them.)

(2) The Latest Questionnaire. I have heard from all members of our Committee in response to the questionnaire sent in August, and I enclose short written comments submitted by several members. In general, the poll reveals a strong inclination to find a compromise name, and, although there was no name that emerged as a universal first choice, one name---human immunodeficiency virus (HIV)---was among the few most favored names on almost everyone's list. As a reflection of the desire to reach some compromise, there were fewer exhibitions of adamant opposition, but each of the names currently in circulation drew from three to six opponents. A large majority seemed to view the combination names (e.g. HTLV-III/LAV) as temporary measures, drawing few strong supporters or opponents.

November 11, 1985

Page Two

(3) The Current Position. I recognize that some of you are concerned by the apparently slow pace of our proceedings. On the other hand, I am encouraged by my private conversations with many of you to believe that we can ultimately settle upon a name that will not violate principles of nomenclature, upset those who must deal with infected people, or offend those who have done the burden of the experimental work with this virus. As is widely known, particularly now through the articles by Colin Norman in Science, the political atmosphere surrounding the virus is highly charged over patent agreements and challenges to them. I do not believe that the sort of name we are likely to propose would have any impact on these proceedings, but I would prefer that our consensus be reached in a calmer climate, so that our members are not unduly influenced by these largely extraneous arguments. Informed sources lead me to believe that we should have a much better view of the situation within the next few weeks. In the interim, the "combination" names appear to be adequate; despite their awkwardness, they are sufficiently well recognized at this point (thanks to the unprecedented attention paid to this retrovirus) not to be a source of intolerable confusion.

(4) Planned Activities. I will be back in touch with the Committee as soon as I believe we can make a unified proposal. In the meantime, I would welcome any suggestions about names or procedures or about opportunities for gatherings of subgroups of the Committee. (One productive four member meeting, involving John Coffin, Bob Gallo, Peter Vogt, and your Chairman, occurred several weeks ago in Bar Harbor, Maine.) I would particularly welcome your commentary on the group of names that currently seems to be in the forefront—those that begin with human (H), end with virus (V), and in between denote the immunopathology of the disease with which the virus is most closely associated. The major contenders appear to be human immunodeficiency virus (HIV or HIDV); human immune deficiency virus (HIDV again); human T cell deficiency virus (HTDV); and human T cell immunodeficiency virus (HTTV). (Several people have noted that the last may be too easily confused in print with HTLV.) Please let me know how you view these or other related possibilities, so that we can bring these deliberations to an end in the foreseeable future.